



Department of
**Health, Social Services
and Public Safety**

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Physical and Sensory Disability Strategy and Action Plan 2011-2015

Summary of the feedback and findings
from the public consultation

JULY 2011

Paper No DSWG 2/11

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Alternative Formats

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Phone: 028 9052 8357

Text Phone: 028 9052 7668

Fax: 028 9052 2500

Email: Disability.Strategy@dhsspsni.gov.uk;

Post: Physical and Sensory Disability Unit
Room D1, Castle Buildings
Stormont, Belfast BT4 3SQ

1. Background to the Public Consultation

On 27 January 2011 the Department of Health, Social Services and Public Safety (DHSSPS) launched a three month public consultation for a new draft Physical and Sensory Disability Strategy and Action Plan (2011-2015).

The aim of the consultation was to provide the opportunity for a range of different stakeholders (public authorities and organisations, individuals including persons with disabilities and community and voluntary organisations) from across Northern Ireland to give feedback on the suggested priorities and challenges detailed in the document.

The Department recognised the need for a new Disability Strategy and Action Plan not least to address new and developing challenges and opportunities. These include:

- Obligations taken by the UK and NI in signing and ratifying the UN Convention on the Rights of Persons with Disabilities;
- New innovations and models of care, support and treatment available within health and social care;
- The current demographic trends and financial constraints being faced by everyone.

2. Questionnaire

The consultation questionnaire was designed to capture information under six main areas:

- i.** Profile of the respondent/s;
- ii.** Comprehensiveness of the vision, values, objectives and policy principles of the Strategy and Action Plan;
- iii.** Adequacy of health, wellbeing and information strategies for disabled people being endorsed in the Strategy and Action Plan;
- iv.** Appropriateness of the promotion of person and family centred care for individuals including a ‘wraparound’ approach to services for children being proposed within the Strategy and Action Plan;
- v.** Potential areas of unmet need across a range of services and support including (information, advice, advocacy, equipment, habilitation / rehabilitation, short breaks / respite, transition support and planning and day opportunities);
- vi.** Any other issues.

3. Profile of Respondents

A summary breakdown of the profile of the respondents’ is detailed below:

18	Voluntary and Community Organisations / Alliances
9	Statutory Health and Social Care Bodies;
3	Professional Bodies;
3	Local District Councils;
3	Other Statutory Bodies;
4	Other.

4. Analysis of Responses

Respondents were asked to answer 'yes' or 'no' to questions in addressing the appropriateness of the policy proposals, recommendations and actions in the Strategy and Action Plan and were then invited to comment or elaborate on the rationale for their response. Some of the questions were framed in such a way that they were addressed to persons with disabilities although the assumption was made that those respondents who are a parent, a carer, or, responding on behalf of an organisation would still, if they wished, be able to answer the question from their viewpoint. All respondents were given the opportunity to comment or raise any additional relevant issues that they felt had not been addressed in the Strategy and Action Plan at the end of the consultation questionnaire. Some respondents did not answer the questions asked, but rather provided a commentary only. Respondents were also asked to answer four questions on equality and human rights, and the potential impact, the Strategy and Action Plan, may have on these.

Each of the responses have been carefully and individually considered and the points raised in each have helped Departmental officials better understand what is expected, wanted and needed from health and social care services in NI in respect of people who have a physical, communication or sensory disability as defined within the remit of the Strategy. This document provides a summary analysis of the comments and feedback from the consultation exercise and details how they will impact on the final Strategy.

Question 1 – Do you consider that the vision and objectives of the Strategy cover the main issues of concern for disabled people?

Of the **31** respondents who addressed this question, **19 (61%)** agreed that the vision and objectives of the Strategy cover the main areas of concern for disabled people. **8 (26%)** respondents did not provide a “yes/no” answer and **4 (13%)** answered “no”. Below are some examples of additional comments made.

“The vision set out in this document is clear but RQIA is cognisant of the funding required to deliver this service in a time of scarce resources”

“The fact that a multidisciplinary Project Team was put together has obviously influenced this”

“Laudable vision and objectives that will require substantial funding”

“Disability Action agrees with the proposed objectives and values”

“RNIB is content that the vision and values address the main concerns of disabled people however we are of the view that the impact of social exclusion is such that it may have been of value to see social inclusion within the vision and objectives as well as amongst the values”

“Cedar and its User Forum considers the vision and objectives of the strategy cover the main issues of concern for disabled people”

“The first part of the strategy is very commendable and would seem to have been based on in-depth need and consultation with the sector and the action plan then fails to meet the delivery of such a visionary

strategy. Therefore it is difficult to comment in detail on this strategy in full due to the action plan not relating to the objectives of the strategy”

“There is an absence of Older Peoples vision and objectives. It is essential to identify needs of disabled people over 65 and how their requirements are going to be met in the future”

“The Strategy severely limits the definition of disability in a rather confused manner, which when interpreted and applied to the whole document appears to the eye of an experienced legal advisor to include physical disability only. However, throughout the Strategy reference is made to the fact that it applies to all persons with disability. Taking this fact together with the use of the words “sensory”, “communication” and “disability” an expectation is created in the reader which we believe does not match with the decision taken by the Department to make this strategy about physical disability only. Confining the strategy in this manner is likely in our view to have a very significant adverse impact on equality, particularly in relation to age, disability and dependents.”

“CiNI is concerned with the way in which the particular needs and circumstances of children with disabilities have been responded to in the process of developing the draft strategy and how these needs and circumstances have subsequently been reflected in the actual strategy”

Question 2 - Do you think that the values and policy principles are reasonable and realistic?

Of the **25** respondents who addressed this question, **11 (44%)** agreed that the values and objectives of the Strategy were reasonable and realistic, **8 (32%)** did not provide a “yes/no” answer, **4 (16%)** answered

“no” and **2 (8%)** respondents answered both “Yes” and “No”. Below are some examples of additional comments made:

“Whilst entirely reasonable, we are concerned that they are unrealistic in that uniform cultural change is required amidst many service users, as well as significant additional investment, to realise the vision of individual packages”

“They are very reasonable and their aims are realistic. In practice they may not be as realistic to achieve within the time frame”

“NINCA feels the values and principles of the Strategy are reasonable but concerned that they are not fully realistic. We would have concerns over the wide ranging remit of the Strategy in relation to all the disabilities and ages. We welcome the reference to partnership with the Third Sector”

“We recognize that the future development and delivery of services should be coherently planned in the current challenging financial climate. The values expressed in accordance with the United Nations Convention on the Rights of Persons with Disability are commendable but the out-workings of such values remain unclear. The SELB and WELB agree that there is a need for interdepartmental collaboration and a seamless integrated approach is to be welcomed. Although, models of effective inter-agency working currently exist at local level, this good practice needs to be developed further”

“In theory, we support the strategies high-level vision, values and policy principles. However, we would like further detail around how these proposals are to be achieved”

In overall terms the analysis of the feedback received to these initial two questions shows that the majority of respondents agree with the vision, values, objectives and principles of the Strategy. Most felt that the consultation document set out a fairly comprehensive ideal of what the Strategy and Action Plan should aim to achieve. A number of respondents, however, qualified their response to state there was no commitment given in the Strategy to the additional funding which would be required to realise the vision, values, objectives and principles.

Other respondents felt that whilst the vision and objectives as stated in the Strategy were comprehensive and commendable this did not seem to translate or carry over into the Action Plan. One of the respondents, the Children’s Law Centre, criticised the definition of disability and as a consequence the scope of the Strategy advising that they found the scope of the consultation document difficult to grasp and confusing in terms of the inconsistent way in which reference was made to ‘all persons with disability’ throughout the document. This view was supported by CiNI who added that in their view the needs and circumstances of children with disabilities had not been reflected. Another respondent expressed the view that there was an absence of older people’s needs and requirements reflected in the consultation document.

Question 3 – Do you agree that the recommendations / actions to ensure that disabled people (especially people with sensory

disability) can benefit from health promotion campaigns and ill health prevention messages are sufficiently addressed within the Strategy and Action Plan?

Of the **28** respondents who addressed this question, **12 (43%)** agreed that the recommendations and actions in this section of the Strategy would ensure that disabled people would be able to benefit from health promotion campaigns and ill health prevention messages. **11 (39%)** did not provide a “yes/no” answer, and **5 (18%)** answered “no”. Below are some examples of additional comments made:

CiNI is keen to ensure that work which is commencing on the development of a Children’s Health and Well-being Service Framework includes specific standards of provision that are targeted to meet the needs of children and young people with disabilities.

“There is a need for greater access to public health information, in a timely way and pitched at the correct level for the people to whom it is targeted. This is a critical issue for those who may be more at risk of illness and mortality, because in part they are unable to access and take up public health messages.....professionals also need to be clear in conveying messages. It is not appropriate for services to assume that users will have a strong network of people to support them. Some professionals are still too technical and are unable to adapt their messages to make them easy to understand and user accessible.”

“People need to be made aware of the potential hazards and reshape their lifestyle and habits accordingly in order to reduce further risks. This is an ongoing process. We believe a ‘lifestyle toolkit’ is required to promote these issues to people in the following areas: control of blood

pressure; healthy eating; easy exercises; alcohol; drugs and tobacco awareness and stress management. Whilst we welcome the focus on hearing and sight loss contained within the HSC action plan we believe that there is a need to ensure that other conditions and disabilities receive the same level of promotion and information provision”

“Disabled people can benefit from health promotion campaigns, but information requires to be accessible on all websites across Northern Ireland. RQIA would suggest there should be a cross-departmental approach to any health promotion campaigns whether 'Promoting Good Hearing Health' or 'Promoting Good Visual Health'. Service users, both young and old should be encouraged to be involved in the assessment, planning and implementation of such campaigns and also involved in devising health prevention message”

“There is a bias to sensory impairment. Public health (& education) strategies to deliver to young people and to those with primary and secondary prevention concerns should have similar priority with respect to physical and cognitive disability’

The analysis of the feedback received to this question shows that respondents are largely content that the proposals and actions outlined in the consultation document reflect positive steps to ensure that people with disabilities will be able to access and act on future health promotion campaigns. A number of respondents, however, wished to stipulate that careful consideration and planning will be required in order to develop and deliver the health promotion strategies to ensure that the information is accessible. There was also a recognition that more service providers needed to make ‘browse aloud’ facilities available on

their websites. One respondent felt that the document should also reflect that each individual has responsibilities in terms of promoting their own wellbeing. Aside from this a number of respondents acknowledged the wider benefits of promoting health and wellbeing strategies which could be beneficial in helping to counteract an increasing demand for health and social care services given current demographic trends.

Question 4 – Do you agree that family-centred and “wraparound” type services are appropriate models for the design and provision of services for children?

Of the **24** respondents who addressed this question, **12 (50%)** agreed that “wraparound” type services are appropriate models for the design and provision of services for children. **10 (42%)** did not provide a “yes/no” answer, and **2 (8%)** answered “no”. Below are some examples of additional comments made:

“NICCY notes the Physical and Sensory Disability Strategy's support for a "wraparound" approach to service provision for children with disabilities and their families across all HSC Trust areas. NICCY is supportive of a holistic approach towards service delivery and the promotion of an inclusive approach towards children and their families and carers. We support an approach which keeps children and their families fully informed and supported to make decisions in relation to the planning of their care”

“NDCS would agree that the Wraparound concept should facilitate the provision of services to deaf children, however, there is little evidence that this has been the case to date. NDCS believes that there has been little project work with deaf children under the auspices of Wraparound,

and that the Wraparound concept needs to ensure that all children with disabilities are included in the Wraparound offer. The fact that Wraparound works on a project rather than a disability basis may mean that children with a disability that is not the focus of project work by the Trust may be missed”

“In principle NINCA agrees that family-centred and “wraparound” type services are appropriate models for the design and provision of services for children. In practice it is essential that true partnership is evidenced by timely referrals being made to appropriate voluntary/community organisations, so that families can access our added support and that the key people from these organisations are invited to any multi disciplinary meetings etc when the specific services that ‘wraparound’ individual children/young people are discussed and planned”

“From a sports development perspective the Council would be very supportive of this holistic multi – agency approach. In regard to participation in physical activity and sport from a strategic perspective the involvement of Disability Sport Northern Ireland / Chief Leisure Officers Association / NI Local Government Association would be desirable and should drive the delivery of inclusive leisure services at a local level”

“We frequently meet parents who are caring for disabled children and who are in crisis but are completely unaware of the availability of Carer’s Assessments and UNOCINI assessments. These assessments often open the doorway to vital service provision to meet the assessed needs of individual children in need and their families’ needs. A further issue is that when these assessments do take place they can be

‘compartmentalised’ to deal only with a presenting crisis rather than taking a multi-faceted ‘whole child’ approach”

A summary analysis of the response to this question shows that there is almost universal agreement for family-centred and ‘wraparound’ services for children with disabilities. The negative or contrary feedback received points to areas where the ‘wraparound’ approach is not working as well as it should be in the real service environment. Of the two respondents who answered “No” to this question it is clear from the qualifying comments that they are in favour of such an approach but it is not their experience that these services are currently available to all children with disabilities and that they should not be seen as being additional services.

Question 5 – Do you agree that person-centred care and support is an appropriate way to design and deliver services to adults?

Of the **26** respondents who addressed this question, **18 (69%)** agreed that person-centred care and support is an appropriate way to design and deliver services to adults. **7 (27%)** did not provide a “yes/no” answer, and **1 (4%)** answered “no”. Below are some examples of additional comments made:

“We would agree that support is driven by individual need and that this is the most appropriate way forward however there will be people who will need support to help them make decisions”.

“This is ethically sound and essential in terms of good resource management and positive outcomes. This is the cornerstone for

progressing independence and all staff need to be competent in this aspect of work with service users”

“RNIB fully supports the strategy's emphasis on person-centred care. We are committed to working with the health and social care sector to ensure that over the strategy period, action is taken to fully realize the potential of person-centred care in supporting independence and improving the quality of life experienced by blind and partially sighted people”.

“Person-centred care should be delivered with adequate support in place to educate, empower, support and manage the emotional adjustment to the very process of assessing and compiling a person centred plan. The expectations of disabled people and carers may not be those of the professionals involved”

Once again, the summary analysis of the responses to this question shows that there is almost universal agreement for a person-centred approach to the provision of care and support for adults. Respondents were keen to highlight that some people will need support to enable them to make decisions and that where necessary this should be accommodated within the development and application of this approach. The single negative response is qualified with the concern that sufficient additional funding has not been identified within the Strategy to secure services in this way.

Question 6 – Would you welcome more control over the services provided to you (through greater promotion and development of

direct payments, personalised or individual budgets or self-directed support?

Of the **21** respondents who addressed this question, **15 (71%)** agreed that they welcome more control over the services provided to them through, either, greater promotion and development of direct payments, personalised / individual budgets or self-directed support. **5 (24%)** did not provide a “yes/no” answer, and **1 (5%)** answered “no”. Below are some examples of additional comments made:

“It must be remembered there are many people who will be unable or unwilling to control their care. Assumptions should not be made about the way health and social care is provided and what people would like to opt in and/or opt out of. There needs to be genuine recognition of and provision for individual choice and provision to ensure that it will not be detrimental to an individual if they do not conform with a “favoured” model”

“Ensure full information is provided so that decision making is informed”

“Direct payments are an excellent model if the person knows what services they can avail of and there is a full range of options. E.g. day centres not being the only source of activities offered. Our services provide much valued and preferred befriending services”

“Unfortunately, we know from our work with deafblind people that there are some key issues in ensuring that direct payments are offered successfully to deafblind people and families and they have genuine choice of how their needs are met. There is also a current feeling among the families and carers of deafblind people that direct payments are

used as a last resort when a Trust is not willing to find or manage a service”

“Services must have clear communication in a variety of formats to ensure that parents fully understand the options available. Mental Health issues are also a concern for both parents and young people in this position. They should not feel isolated or burdened by this responsibility. The development of Direct Payments, personalized or individual budgets should be considered strategically and should not be promoted to the detriment of the development of other services”

The summary analysis of the responses to this question shows that the majority of respondents agree that the Strategy and Action Plan adequately address the issues relating to independent living and personalised support. Respondents were keen to highlight that, choices and decisions must be made on an informed basis and that direct payments should not be imposed where complex needs of individuals cannot adequately be provided for from within a particular Trust.

Question 7 – Does the Strategy, adequately address the key issues for disabled people in relation to independent living and personalised support?

Of the **24** respondents who addressed this question, **10 (42%)** agreed that the Strategy adequately addresses the key issues for disabled people in relation to independent living and personalised support .**10 (42%)** did not provide a “yes/no” answer, and **4 (17%)** answered “no”. Below are some examples of additional comments made:

“This addresses key issues for disabled people but may need further refinement. A reference to people taking responsibility for themselves and the fact that the service model of 'self directed support' actively motivating and inspiring people to reach beyond their perceived potential is something that could be expanded further in the strategy document”

“The aspirations are fine but where is the substance. We whole heartedly believe in early intervention and prevention yet see the very opposite happening. We also remain to be convinced that there is a raft of suitable services readily available and would ask that the Department look at good practice where it exists and seeks to replicate these models. Where is the commitment from DEL, DED, DRD, and DSD”

“All young people were in agreement and said yes they would like to have more of a say. They felt that they were just told what was going to happen and what services they were going to get instead of being asked what they would like or what would suite them”

“Economic and work access issues are not fully addressed. The ‘reasonable adjustments’ in the DDA re employers’ obligations is very open to interpretation. Vocational rehabilitation and therapeutic work options could be further explored. An increase in Independent living supported accommodation would be welcome, as would transitional use of these facilities”

This approach is often in conflict with contractual arrangements between service providers and HSC. HSC contract departments tend to focus on services providers meeting numerical targets and within a fairly restrictive delivery framework. Quantity seems to have priority over

quality and we are moving into a funding context where value for money appears to be the primary driver.

The summary analysis of responses to this question shows that there is marginal support for this approach / these proposals. Concern has been expressed around how, in practical terms, the cultural shift towards a more personalised agenda will be achieved. These concerns relate to the costs of training health professionals etc in adopting and deploying this approach and also how service users can become more involved through greater understanding of the options available and what they mean for the individual. There are also calls for a more developed cross departmental approach to independence and personalisation for individuals.

Question 8 – Are you currently able to access information about the range of services and support available or which you require?

Of the **21** respondents who addressed this question, **7 (33%)** advised that they were able to access information about the range of services and support available or which they required. **5 (24%)** did not provide a “yes/no” answer, and **9 (43%)** answered “no”. Below are some examples of additional comments made:

“Yes all are important, it is important that the development of such is advised by people with disabilities. Through consultation we are continually identifying a need for such support as benefits advice and support and easier processes regarding this, greater joined up working between departments particularly DE, DH&SCT and DEL particularly regarding transition from school which is a major event for many and one which should be supported”

“Cedar and its User Forum strongly supports the proposal within the document to advance the ‘No Wrong Door’ model to try to get to grips with the challenge of meeting the information needs of people with disabilities”

“Whilst welcoming the Department’s commitment to encourage service providers to provide information and advice that is accessible, we recommend that the Department also commits to review the accessibility of health and social care services in terms of physical accessibility in order to identify physical barriers or other impediments to the access of health and social care services towards disabled people, in addition to the provision of auxiliary aids and services”

“It appears that there is no shortage of information available what there is a shortage of are age appropriate services that meet need at a range of stages. For some an early intervention post diagnosis will be all that is needed to adapt to change and seek new directions, for others it will take a much more significant input”

“If good quality information is to be provided to disabled people in an accessible way then this must be developed in conjunction with specialist speech and language services along with relevant community/voluntary partners and SLCN user involvement groups. Our members work with people with learning disabilities and are expert at generating accessible information in a range of formats and mediums”

The summary analysis of responses to this question shows that it would seem that a significant proportion of people are unable to access

information in a format or in a way that best suits their needs. Clearly more work needs to be done by a range of service providers and specialists working in conjunction with service users to ensure that access to information is easily accessible and available in a variety of formats.

Question 9 - Does the current range of day or respite opportunities provided by your Trust meet your needs?

Of the **20** respondents who addressed this question, **4 (20%)** agreed that the current range of day or respite opportunities provided by their Trust met their needs. **5 (25%)** did not provide a “yes/no” answer, and **11 (55%)** answered “no” Below are some examples of additional comments made:

“Meaningful occupation during the day – allows desired activities to be pursued (improved mood and sense of identity) and any carer at home to pursue other tasks – domestic, social, work related. The latter often having financial benefit to the family with a disabled person. Respite for people with complex needs (tracheotomy in situ, ventilation requirements, enteral feeding) would be welcome. Younger persons having respite together would likely be more socially desirable to this group”

“Day Opportunities – the Community and Voluntary sector have vast experience of providing alternatives to Day Care such as Supported Employment. There needs to be much better interdepartmental and cross-sector working in designing, developing and delivering Day Opportunity Services”

“Short Breaks / Respite Trusts should be empowered to be as creative as possible in this work and focus on social inclusion”

“CiNI has particular concerns regarding the availability of short-break/respice provision for children with disabilities and their families. The Department must clearly identify the proportion of funding allocated to disabled children and families for short breaks and take steps to ensure that families caring for a disabled child have equal access to funding allocated for short breaks”

“Table 10 on page 35 highlights the inequalities in respice/short break provision that exist from trust to trust across Northern Ireland. Once again, the RCN believes that this is an issue that must be addressed by the HSCB as the regional body responsible for commissioning services. The RCN considers these inequalities to be unacceptable and a breach of the key policy principle of equity as set out on page 12”

The summary analysis of responses to this question shows that the range of short break, respice, and day care opportunities currently available are not adequate across the Trusts areas. Inequalities and a lack of age appropriate services were cited by respondents as some of the key shortfalls in the current provision of these services.

Question 10 – Do you agree that the opportunities as identified in paragraph 4.10 in relation to service redesign will deliver improved services for disabled people?

Of the **19** respondents who addressed this question, **10 (52%)** agreed, that the opportunities identified in relation to service redesign, would deliver improved services for disabled people. **5 (26%)** did not provide a

“yes/no” answer. **2 (11%)** answered “no” and **2 (11%)** answered “Yes and No”. Below are some examples of additional comments made:

“A shift in emphasis towards personalised, person-centred and self-directed care and support’ will be further assisted if disabled people across both sectors are involved in discussing and agreeing service delivery options. It is crucial that GP’s have a complete and up to date knowledge (regularly reviewed - possibly carried out by Local Commissioning Groups) of all statutory services available. It will also help ensure that service users can make an informed choice about what services they can avail of. Funding and opportunity must be in place with agreed outcomes and appropriate structures to do so”

“Whether improved services will result from these opportunities will be dependent on how many people actually require the services and exactly how these services will be “redesigned”. It seems to us that the kind of reform programme referred to here is of considerable importance, and needs accurate description of the options before a considered evaluation of its effect on service delivery can be made”.

“Assessments are very important and are key to ensuring the funding is in place for suitable services. Sense welcomes the recognition in the strategy that assessments of deafblind people are carried out by properly trained personnel. Our evidence shows that very few dual sensory impaired people in Northern Ireland have received a specialist assessment. Feedback we have received highlights issues with the current Single Assessment Tool. The multiple choice answers allow very little room to add the specific needs of a dual sensory impaired person. Generally, the assessment will be carried out by a person who

has an expertise in one sensory-impairment but there may be limited consultation with a person who specialises in the other sensory impairment”

“Whilst we support the concept of service redesign we would add the caveat that this should enhance the scope of services rather than reduce options to people living with disability. Transition support is still an issue for adults with stroke and aphasia who are moving from hospital to community/voluntary sector support. Greater investment, in terms of awareness of options and referral processes, is required to ensure adults move smoothly and freely from statutory to voluntary support”

“Cedar and its User Forum strongly support the proposal to develop models that are based on inclusive lifestyle support, vocational and employment opportunities with a strong focus on technology to enhance the inclusion of those individuals with very complex needs”

A summary analysis of the responses shows that while there was a majority agreement for the proposals outlined in this area a number of respondents made suggestions for additional areas where service redesign could deliver improved services.

Question 11 – Do you see benefits for disabled people in greater co-operation between the statutory and voluntary sectors?

Of the **24** respondents who addressed this question, **19 (79%)** agreed that there would be benefits for disabled people through greater co-operation between statutory and voluntary sectors. **4 (17%)** did not

provide a “yes/no” answer; and.1 (4%) answered “no”. Below are some examples of additional comments made:

“Absolutely – often the voluntary & community sectors have established relationships, expertise and individual knowledge. A good way to share and maximise use of resources and remove services that do not need, to be in a “medical” setting. This will help people feel more part of their community”

“All young people were in agreement and said yes to this. They feel it is important for all groups to work together to deliver the best service possible. All young people stated that that yes they would like to work together”

“However, at least as important is greater co-operation across Departments as indicated earlier in this response”

“Clearly from our perspective we would welcome this but this does require a willingness to move into partnerships rather than SLA’s which are a different relationship entirely. We would also have an expectation that disabled people would be much more involved in the design planning and commissioning of services something that is unrealistic in the timeframe noted in the action plan. Each sector has its strengths and expertise as well as its weaknesses but we have no doubt that partnership working will be the only way forward for ‘Health’ in this time of global recession and beyond”

“This is an opportunity, to take a fresh look at what the disparate sectors are able to provide and to focus on what each does best and at what is

best value for money. It is important that adequate governance arrangements are in place in relation to partnership working across sectors”

The summary analysis of responses shows that there is universal agreement and support for this proposal. The sole voice of dissent in this area, relates to concerns that the respondents valued highly their local Foyle Resource Centre and did not want it to be closed as part of an efficiency drive to reduce costs. Nor did they want services which (they say) should properly be provided by well regarded and trusted local health and social care professional staff to be replaced with voluntary and community sector services.

Question 12 – Are there any issues which you feel are key which have not been addressed in this Strategy and Action Plan?

Aside from the specific and structured questions in the questionnaire, respondents were given the opportunity to provide feedback on other issues which they felt should have been, but were not, addressed in the consultation document. Some respondents took this opportunity to highlight or underpin areas of particular concern to themselves which had already been covered in the consultation document in order to reinforce their importance. Others identified additional issues for example governance and implementation issues such as monitoring progress and, or, evaluating success In addition some organisations sent detailed proposals, with recommendations for additional inclusion in the Strategy and Action Plan. Many respondents also used the free text field in the questionnaire to add further remarks.

Among the feedback and commentary received, some of the most prominent issues highlighted were:

- Further development and strengthening the Action Plan to establish a more outcome based plan with indicators and realistic targets against which implementation progress can be monitored;
- More emphasis on specific services to address age appropriate and timely services for children and young people with high dependency and complex needs:
- More emphasis on communication disability and adult safeguarding;
- More information regarding detailed and segmented collection of data; and
- A request for the Department and the HSC Board to commit to make available the resources and any additional investment required to implement the Action Plan;

5. Equality Impact Assessment of the Strategy and Action Plan

This section of the questionnaire sought feedback from respondents on the likely adverse or positive impact from the Strategy and Action Plan in terms of the nine Section 75 equality dimensions, equality of opportunity and good relations. A further question, relating to the potential for any human rights violations to occur, arising from any aspects of the Strategy or Action Plan was also asked.

Question 13 - Are the actions which are set out in the document likely to have an adverse impact on any group of people in terms of the nine Section 75 equality dimensions?

Of the **21** respondents who addressed this question, **13 (62%)** advised that they felt there would be no adverse impact on any group of people in terms of the nine Section 75 equality dimensions, **3 (14%)** did not provide a “yes/no” answer, and **5 (24%)** answered “yes”. Below are some examples of the comments made:

“People over the age of 65 with sensory impairment will require to receive access to the same services, aids and equipment as service users in the younger age group, paying particular attention to residents in nursing / residential homes”

“It is accepted that the intentions of the strategy are beneficial. However the practical implementation of the broad strategy may well have adverse impacts on those with two conditions and on their carers. It would be advisable to conduct a fuller impact assessment of the various strands of the Action Plan as an initial step in the implementation process and keep this updated throughout the process”

“In a number of instances the screening outcomes suggest that there is no available data to suggest either a positive or negative impact. In screening exercises it is important, particularly in areas where data is limited, that there is evidence provided as to how this gap was resolved possibly through engagement with organisations for additional data collection or identification of issues”

Question 14 - Are you aware of any indication or evidence that the actions in this document may have an adverse impact on equality of opportunity or good relations?

Of the **18** respondents who addressed this question, **12 (66%)** advised that they felt there be no adverse impact on equality of opportunity or good relations, **5 (28%)** did not provide a “yes/no” answer, and **1 (6%)** answered “yes”. Below are some examples of the comments made:

“People with disabilities are different on grounds of their age, gender, type of disability, their religion, marital status, race, religion, political opinion and sexual orientation, indeed on any of the grounds covered by the Section 75 categories. There is some reference in the document to age and gender issues but little evidence on other equality areas. There is extensive evidence to suggest that there people with disabilities face multiple and complex inequalities which at times mean discrimination”

“The overall document (and the screening documentation) would have benefited from a section on equalities and inequalities that brought out these particular differentials, for example, issues such as poorer mental health, barriers faced by those from black and minority ethnic groups accessing services, including Travellers, lack of culturally sensitive services; evidence of particular incidences of disability and sensory impairment amongst Asian and African Caribbean people, higher rates of people with learning disability who also have sensory impairments ; multiple inequalities facing women; people with disabilities as carers. These are just a few examples. If these issues were articulated in the document then it would be easier to see the links to the action plan and where some issues may differentially impact of some groups with disability and sensory impairment.”

Question 15 - Does the proposed action plan afford an opportunity to promote equality of opportunity and / or good relations?

Of the **15** respondents who addressed this question, **11 (73%)** advised that they felt the action plan would afford an opportunity to promote equality of opportunity and / or good relations, **3 (20%)** did not provide a “yes/no” answer, and **1 (7%)** answered “no”. Below are some examples of the comments made:

“It is accepted that the intentions of the strategy are beneficial. However the law of unintended consequences applies and every stage of the implementation process must be carefully scrutinised to prevent adverse impact”

“Regarding personalization and the potential for this to offer freedom of choice and control in decision making on one hand but on the other to increase the potential to reduce the number of services and therein the range of disabled people who can access services”

Question 16 - Are there any aspects where potential human rights violations may occur?

Of the **11** respondents who addressed this question, **9 (82%)** advised that there were no aspects where potential human rights violations might occur. **2 (18%)** responded to highlight areas where they felt potential violations may occur. Below are some examples of the comments made:

“Unless care is taken in implementation of the plans, adverse impacts could easily occur e.g. on those with cognitive impairments who cannot take up the direct payments options”

“The document has made explicit reference to the needs of the recent Convention on the Needs of Disabled People 2008. As with the equality issues noted in the previous responses the document would have benefited if it had to have a more explicit commentary on how to incorporate “a human rights approach” to the work. This is particularly important in the context of services for people with physical and sensory impairments”

“Reference to the newer and forthcoming United Nations principles for older people would also be important given the time span of this strategy and action plan and its impact on older people with disabilities. A precise action in the area of developing a human rights approach within the action plan might be a useful addition then issues in respect of staff training could address this”

In overall terms the analysis of the responses to these questions demonstrated the majority of respondents do not feel that the Strategy and Action Plan would have disproportionate impact on any of the Section 75 groups and it is reasonable to conclude that there will not be a discriminatory outcome on any one category or group. However the public consultation yielded some argument from three respondents for the requirement to conduct a full equality impact assessment on the Strategy and Action Plan.

The arguments presented relate to concerns and considerations that the conclusion cannot be drawn that *“no evidence equates to no impact”*. The HSCB and PHA argue that screening in relation to people with physical and sensory would benefit by an examination of the multiple

issues that impact on people's lives. It is therefore felt that consideration should be given to the requirement for a more comprehensive application of the Section 75 equality impact assessment process. This will need to take account of how and more importantly on what specific aspects of the Strategy and Action Plan any such assessment should be conducted.

6. Governance and Implementation Issues

The public consultation confirmed that, the requirement to assign clear responsibility for co-ordinating and executing the recommendations and actions of the Strategy and Action Plan at all levels and across all sectors is vital to successful implementation. Along the same lines, developing communication and collaboration mechanisms between different sectors, in particular between the statutory and community / voluntary sector, is viewed as highly valuable for the implementation of the Action Plan. Respondents acknowledge that this will be challenging to achieve in a real terms. It is, nevertheless, one they feel must be tackled in terms of the heightened challenges to be faced as a result of demographic trends and financial constraints.

7. Conclusion and how the consultation impacted the Strategy and Action Plan

The entire consultation encompassing the early scoping workshops, the more focused pre-consultation events, the workshops to target the 'hard to reach' groups and the three month public consultation have been taken into account in all phases of development of the Physical and Sensory Disability Strategy and Action Plan (2011-2015):

The early scoping workshops and pre-consultation events were immensely helpful in terms of defining the scope, remit and definitions within the Strategy. From this basis, the Project Team were able to move forward to set out the vision, values and objectives and formulate the key policy principles around which the draft consultation document was developed.

Departmental officials have carefully considered each and all of the comments and feedback received as part of the public consultation. The Department acknowledges that the quality of the consultation responses was very high and is grateful to all those who took the time to consider the consultation document in full and provide, often, detailed responses. Many of the comments have been accepted as both valid and helpful and have been adopted and, or, incorporated into the revised Strategy and Action Plan. For example:

- The Strategy and Action Plan have been reviewed to ensure that the language and definitions used within it accords the UN Convention on the Rights of Persons with Disabilities;
- The Equality Impact Assessment section has been updated to reflect the position going forward;
- Within section 2 (Prevalence and Need) the piece on children and young people has been amended to cite the UNCRC alongside the UNCRPD. A section has been added to strengthen the focus on children with multiple and complex needs to demonstrate how they are included with the scope of the document and an additional section has been added in respect of children and young people

with complex physical healthcare needs. Also, additional data has been added to Section 2 in relation to children and older people:

- Within section 3 (Promoting positive Health, Wellbeing and Early Intervention) additional text has been added to outline that opportunities that will be taken to promote positive attitudes towards disabled people and encourage their participation in public life;
- A section on safeguarding has been incorporated into section 3 and the relevant document references have been added to Appendix 2;
- Within Section 4 (Providing better services to Support Independent Lives) an additional section has been added in respect of the Family Support Website. The section on Short Breaks / Respite has been elaborated to reflect the ongoing HSC Board led work to address the deficits within existing short break / respite service provision. The section in relation to equipment has been elaborated to emphasise that it relates to the full range of equipment;
- While it has not been possible to identify and assign any additional resources all relevant expenditure figures have been summarised within the foreword to the document. The figures have been refreshed to include the most recent and up to date financial expenditure and forecast figures relevant to this Strategy and Action Plan;
- The Action Plan has been revised to reflect the main issues of concern identified during the public consultation phase. This includes making it clear that the Action Plan provides a framework

for action and that in some instances there will be a requirement to develop key indicators to ensure that it remains outcome based and measurable. Some of the initial timescales for target completion have been revised and the Plan now makes clear where the lead responsibility for each action lies; and

- An additional action has been added to the Action Plan to collate and compile data in relation to the Section 75 groups which will be used to help inform and address potential inequalities over the period of implementation of the Action Plan.